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**CONFIRMATION NO. 1986**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                       |                                |
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| <b>SERIAL NUMBER</b><br>09/888,855                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>FILING DATE</b><br>06/25/2001<br><br><b>RULE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CLASS</b><br>707           | <b>GROUP ART UNIT</b><br>2171 | <b>ATTORNEY DOCKET NO.</b><br>23189-2 |                                |
| <b>APPLICANTS</b><br>Steven Allen Crandall SR., Wilmington, OH;<br>Steve Farshid Naghshineh, Cincinnati, OH;<br>Kelly Wayne Grandstaff, Wilmington, OH;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                       |                                |
| <b>** CONTINUING DATA *****</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/20/2001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                       |                                |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance<br>Verified and Acknowledged<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-top: 1px solid black; width: 60%; text-align: center;"> <i>[Signature]</i><br/>             Examiner's Signature           </div> <div style="border-top: 1px solid black; width: 35%; text-align: center;"> <i>[Initials]</i><br/>             Initials           </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>3    | <b>TOTAL CLAIMS</b><br>24             | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>24256                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                       |                                |
| <b>TITLE</b><br>Methods and systems for validating the fields of a form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>782                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <div> <b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:         </div> <div style="border: 1px solid black; padding: 5px; width: 300px;"> <input type="checkbox"/> All Fees<br/> <input type="checkbox"/> 1.16 Fees ( Filing )<br/> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br/> <input type="checkbox"/> 1.18 Fees ( Issue )<br/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> Credit         </div> </div> |                               |                               |                                       |                                |